

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-1360)

SERIAL NO. 10/088452 FILING DATE

APPLICANT

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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17	1					
18		1				
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23	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	24					
TOTAL CLAIMS	28					

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					